



HRSA's Ryan White HIV/AIDS Program

PROGRAM FACT SHEET | JANUARY 2018



PART F: SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE (SPNS) PROGRAM

H RSA's Ryan White HIV/AIDS Program Part F Special Projects of National Significance (SPNS) Program supports the development of innovative models of HIV care and treatment to quickly respond to emerging needs of clients served by the Ryan White HIV/AIDS Program. SPNS advances knowledge and skills in the delivery of health care and support services to underserved populations living with HIV. Through its demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models. In addition, SPNS disseminates successful models for replication and integration by Ryan White HIV/AIDS Program-funded recipients.

RECIPIENTS

The SPNS Program currently funds 62 ongoing programs for eight innovative model initiatives, which inform the evidence base for interventions for populations that are significantly difficult to engage and achieve viral suppression. In FY 2017, the SPNS Program served more than 8,700 HIV-positive clients.

CURRENT SPNS INITIATIVES

- ▶ **Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services (Funded 2017–2020):** This initiative supports the design, implementation, and evaluation of innovative interventions that coordinate HIV care and treatment, housing, and employment services to improve HIV health outcomes for low-income, uninsured, and underserved people living with HIV (PLWH) in racial and ethnic minority communities. The goal of this coordinated services intervention is to decrease the impact of the social determinants of

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV who are uninsured and underserved. More than 551,000 people received services through the Ryan White HIV/AIDS Program in 2016. The Ryan White HIV/AIDS Program funds grants to states, cities/counties, and local community-based organizations to provide care and treatment services to people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations. The Ryan White HIV/AIDS Program, first authorized in 1990, was funded at \$2.36 billion in fiscal year (FY) 2017.

health (such as unmet housing or employment needs) that affect long-term HIV health outcomes for PLWH impacted by employment and housing instability in racial and ethnic minority communities. This SPNS Program initiative is supported through the Department of Health and Human Services (HHS) Secretary's Minority AIDS Initiative Fund (SMAIF).

- ▶ **Curing Hepatitis C among People of Color Living with HIV (Funded 2017–2020):** This three-year initiative supports the expansion of hepatitis C virus (HCV) prevention, testing, care, and treatment capacity; improves coordination of linkage to and retention in HCV care and treatment for people living with both HIV and HCV; and improves coordination with Substance Abuse and Mental Health Services Administration

(SAMHSA) -funded substance use disorder (SUD) treatment providers to deliver behavioral health and SUD treatment support to achieve treatment completion and prevent HCV infection and re-infection. In addition, the initiative enhances state, local, and tribal health department surveillance systems to increase their capacity to monitor acute and chronic infections of HIV and HCV in areas of high populations or low-income, uninsured, and underserved racial and ethnic minorities. This SPNS Program initiative is supported through HHS SMAIF.

- ▶ **Using Evidence-Informed Interventions (Ezi) to Improve Health Outcomes among People Living with HIV (Funded 2016–2019):** The Ezi initiative identifies and provides support for the implementation of evidence-informed interventions to reduce HIV-related health disparities and improve health outcomes, including increasing retention in care, improving treatment adherence, and improving viral suppression for PLWH. The Evidence-Informed Interventions Coordinating Center for Technical Assistance (Ezi CCTA) and up to 24 Ryan White HIV/AIDS Program-funded recipients/subrecipients support the implementation of evidence-informed interventions. An Evidence-Informed Interventions Evaluation Center (Ezi EC) will also support this initiative.
- ▶ **Jurisdictional Approach to Curing Hepatitis C among HIV/HCV Coinfected People of Color (Funded 2016–2019):** This initiative develops and evaluates the implementation of comprehensive jurisdiction-level approaches for the screening, care, and treatment systems for people of color living with both HIV and HCV. The Evaluation and Technical Assistance Center (ETAC) provides technical assistance and capacity building and leads the evaluation activities across three Ryan White HIV/AIDS Program Part A jurisdictions: City of Hartford, City of New York, and the City of Philadelphia. In addition, a State Health Departments Coordinating Center was funded to support two Ryan White HIV/AIDS Program Part B recipients to participate in this initiative: North Carolina and Louisiana. The ETAC is collaborating with the Ryan White HIV/AIDS Program Part F AIDS Education and Training Center National Coordinating Resource Center (AETC/NCRC) to develop National HCV Provider Competencies and Curriculum for HCV screening, care, and treatment, with a focus on people living with HIV/HCV co-infection. The ETAC will also design and implement a multisite evaluation to assess the implementation and impact of the jurisdiction projects and to lead and coordinate the efforts for publication and dissemination of best practices and

lessons learned. This SPNS Program initiative is supported through HHS SMAIF.

- ▶ **Dissemination of Evidence-Informed Interventions to Improve Health Outcomes along the HIV Care Continuum (Funded 2015–2020):** This initiative disseminates four adapted linkage and retention interventions from prior SPNS and HHS SMAIF initiatives to improve health outcomes. The prior initiatives are:
 - » Enhancing Linkages to HIV Primary Care and Services in Jail Settings
 - » Innovative Methods for Integrating Buprenorphine Opioid Abuse Treatment in HIV Primary Care
 - » Targeted Outreach and Intervention Model Development for Underserved HIV-Positive Populations Not in Care
 - » The SMAIF Retention and Re-engagement Project

This initiative will produce four evidence-informed Care and Treatment Interventions that are replicable, cost-effective, and capable of producing optimal HIV care continuum outcomes. The multisite evaluation will take a rigorous implementation science approach, which emphasizes the evaluation of the implementation process and cost analyses of the interventions and seeks to improve the HIV care continuum outcomes of linkage, retention, re-engagement, and viral suppression among client participants.

- ▶ **Use of Social Media to Improve Engagement, Retention, and Health Outcomes Along the HIV Care Continuum (Funded 2015–2019):** This initiative is a multisite demonstration and evaluation of innovative social media methods designed to identify, link, and retain HIV-positive underserved, uninsured, and hard-to-reach youth and young adults (aged 13–34) in HIV primary care and support services. Methods include system approaches utilizing a variety of social media, Internet, and mobile-based technologies to improve engagement, retention in care, and viral suppression. Demonstration projects implement these models, evaluate their effectiveness, and disseminate findings, best practices, and lessons learned.
- ▶ **System-Level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings (Funded 2014–2018):** This initiative is a multisite demonstration and evaluation of system-level changes in staffing structures to improve health outcomes along the HIV care continuum. Fifteen demonstration sites are funded to increase organizations' workforce capacities and to achieve

efficient and sustainable service delivery practices to both optimize human resources and improve quality outcomes. The demonstration projects implement and evaluate innovative practice transformative models for the delivery of HIV treatment and comprehensive care services to better respond to the changing health care landscape marked by shortages of HIV primary care physicians and increasing demand for access to quality HIV services.

- ▶ **Culturally Appropriate Interventions of Outreach, Access, and Retention among Latino(a) Populations (Funded 2013–2018):** This initiative is a multisite demonstration and evaluation of culturally specific service delivery models focused on improving health outcomes among Latinos/as living with HIV. The

initiative's 10 demonstration sites design, implement, and evaluate innovative methods to identify Latinos/as who are at high risk of or living with HIV and improve their access, timely entry, and retention in quality HIV primary care.

FUNDING CONSIDERATIONS //

Approximately \$25 million was appropriated to Part F SPNS in FY 2017.

